

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000083520

1. Entity Name  
BUD JERKINS AND SONS, INC.



**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90010 032 \*\*\*150.00

Principal Place of Business  
625 NE 5TH AVE  
HIGH SPRINGS, FL 32643 US

Mailing Address  
625 NE 5TH AVE  
HIGH SPRINGS, FL 32643 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282006

Chg-P

CR2E034 (11/05)

4. FEI Number  
59-3274968

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 8. Name and Address of Current Registered Agent

JERKINS, ISAAC M  
625 NE 5TH AVE  
HIGH SPRINGS, FL 32655

## 7. Name and Address of New Registered Agent

Name Jerkins Isaac M  
Street Address (P.O. Box Number is Not Acceptable)  
625 NE 5th Ave  
High Springs Fl. 32643  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME JERKINS, ISAAC M JR  
STREET ADDRESS 625 NE 5TH AVE  
CITY-ST-ZIP HIGH SPRINGS, FL 32655 ☐ Delete

TITLE ST  
NAME JERKINS, CATHERINE M  
STREET ADDRESS 625 NE 5TH AVE  
CITY-ST-ZIP HIGH SPRINGS, FL 32655 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Jerkins Isaac M. Jr. ☒ Change ☐ Addition  
STREET ADDRESS 625 NE 5th Ave  
CITY-ST-ZIP High Springs Fl. 32643

TITLE NAME Jerkins Catherine M ☒ Change ☐ Addition  
STREET ADDRESS 625 NE 5th Ave  
CITY-ST-ZIP High Springs Fl. 32643

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-06

Date

Daytime Phone #